## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000044851

Address:

City-St-Zip:

884 SOUTH DILLARD STREET

WINTER GARDEN, FL 34787

Entity Name: GROVELAND PLACE, LLC

FILED Apr 27, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 884 SOUTH DILLARD STREET WINTER GARDEN, FL 34787 **Current Mailing Address: New Mailing Address:** 884 SOUTH DILLARD STREET WINTER GARDEN, FL 34787 FEI Number: 20-1269684 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ASMA, WILLIAM N P.A 884 SOUTH DILLARD STREET WINTER GARDEN, FL 34787 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete ASMA, WILLIAM N Name: Name: Address: 884 SOUTH DILLARD STREET Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: TOOLE, WALTER S III Name: Address: 884 SOUTH DILLARD STREET Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition SPIGENER, GEORGE C III Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Address:

City-St-Zip:

SIGNATURE: WILLIAM N ASMA MGR 04/27/2009